Name In Full — Certificate of Death

Mrs. Calloway.

Died ~~at~~ Town: near Salisbury — County: Wicomico — MARYLAND

Date 1904 Month: Jan. Day: 6	Age Y.: 72 M.: — D.:	Native of	Occupation: Housewife

~~Male~~ / Female — ~~Colored~~ / White — ~~Single~~ / Married — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living: 9

~~Husband~~ / Wife of Thomas Calloway

Father's Name — Mother's Maiden Name

Cause of Death — Primary: Died Suddenly — How long sick:

Immediate: Was found when Drawhed. — Accident, Suicide, Homicide

Reported by: Louis W. Wicomi, M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Thomas Dixon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Jan; Day: 8; Years: 1904; Age: Months: 7; Days:

Sex: Male; Color or Race: Black; Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Samuel Dixon; Father's Birthplace: Md

Mother's Maiden Name: Miranda Dixon; Mother's Birthplace: Md

Name of person giving Information: Miranda Dixon; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza; How long: 4 weeks

Immediate: Pneumonia; How long: Several days

Are the name, age, sex, color, date and place correctly given above: Yes

Signature of Physician: Thos D Ruark

Address: Salisbury, Md

Accident or Suicide: No

LIBRARY BUREAU A66018

Name in Full: Elizabeth Hayman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fruitland — County: Wicomico

Date of death: Month: Jan. — Day: 13th — 1904 — Age: Years: 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: James M. Hayman

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Benjamin Dixon — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: (3 days)

Immediate: Pulmonary oedema & Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66515

Name in Full: Ernest Royce Hillman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904 Month: Jan; Day: 1; Years: —; Months: 4; Days: —

Age

Sex: Male; Color or Race: White; Birthplace: Salisbury

Occupation: Infant; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name or Wife or Husband: —

Father's Name: Ernest Hillman; Father's Birthplace: Wicomico Co.

Mother's Maiden Name: Mary Taylor; Mother's Birthplace: Worcester Co.

Name of person giving Information: —; How related to deceased: none

10.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe; How long: 4 or 5 days

Immediate: Brain complications; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Fmis W. Morris MD

Address: Salisbury Md

Accident or Suicide?

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LIBRARY BUREAU A88810

Name in Full

Certificate of Death

Margaret Horsey

Town: Quantico | County: Wicomico | MARYLAND

Died at Quantico — Month: Jan — Day: 15 — Y. M. D.: Age 70 — Native of: Quantico — Occupation: Wife

Date 1904

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 8

~~Husband~~ Wife of Columbus Horsey

Father's Name: Dirt Known — Mother's Maiden Name: Dirt Known

Cause of Death — Primary: (62) — Immediate: Paralysis

How long sick: 3 Months

Accident, ~~Suicide, Homicide~~

Reported by Wm. H. H. Dashiell M. D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Margaret Horsey

Died at Town: Quantico County: Wicomico MARYLAND

Date 19 04 Jan 10 | Age Y. 63 M. D. | Native of Quantico | Occupation Wife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 10

~~Husband~~ Wife of Columbus Horsey

Father's Name Don't-Know | Mother's Maiden Name Don't-Know

Cause of Death: Primary Grippe (10) How long sick

Immediate Paralysis Accident, Suicide, Homicide

Reported by Wm H. H. Washington M. D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Jennette Hughes

Died at Town near Quantico County Wicomico MARYLAND

Date 1904 Month Jan Day 21 | Age Y. 3 M. D. | Native of Quantico | Occupation Baby

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ of ~~Wife~~

Father's Name Charles Hughes Mother's Maiden Name Mamie Hughes

Cause of Death — Primary

Immediate Strasmus from Light Fever

How long sick 3 days

Accident, Suicide, Homicide

Reported by Wm. H. H. Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Infant

Town

Died at Quantico County Wicomico MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 19 04 Jan 22 | Age 6 | Quantico | District

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Charles Hughes Mother's Maiden Name Mary Fletcher

Cause of Death: Primary Remittent Fever — How long sick 4 days

Immediate Spasms — ~~Accident, Suicide, Homicide~~

Reported by Wm H C Daniell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Mary A Humphreys

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury — County: Wicomico

Date of death 1904: Month: Jan — Day: 28 — Age: Years: 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

~~Married, Single~~ or Widowed — Name of ~~Wife~~ or Husband: Joseph Humphreys

Father's Name: Joshua White — Father's Birthplace: Md

Mother's Maiden Name: Jennie Carmean D — Mother's Birthplace: " "

Name of person giving information: Mary E Moore — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Grippe — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Clemson M.D.

Address

Accident or Suicide?

LIBRARY BUREAU A88513

Name In Full

Certificate of Death

No Name

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1904 Month Jany Day 28 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name S. L. Johnson

Mother's Maiden Name Nettie Mitchell

Cause of Death { Primary Still Born | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by F. M. Clemons M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full: Henry Messick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Jan — Day: 1 — Year: 1909

Age: Years: 65 — Months — Days

Sex: male

Color or Race: Black

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Noah Messick

Father's Birthplace: Md

Mother's Maiden Name: Don't know

Mother's Birthplace:

Name of person giving information: Peter Messick

How related to deceased: Br Brother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Rheumatism & Diabetes Insipidus

How long: Several Years

Immediate: Uraemic Coma.

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. K. Humphreys

Address: Salisbury Md.

Accident or Suicide? No.

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LIBRARY BUREAU A2551S

Name in Full: Rosa May Messick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: January; Day: Tenth; 1904

Age: Years: 52; Months: 7; Days: 14

Sex: Female; Color or Race: White; Birthplace: Wicomico Co Md

Occupation: Seamstress; Where Residing if not at place of death: Salisbury Md

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Ebenezer Messick; Father's Birthplace: Wicomico Md

Mother's Maiden Name: Nancy Johnson; Mother's Birthplace: " "

Name of person giving Information: V P Turner; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 1 or 2 years

Immediate: Heart failure from exhaustion; How long: 2 or 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. McG. Clemons M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A6M316

Name In Full

Certificate of Death

Frank Owens

Died at Town: Salisbury County: Wicomico MARYLAND

Date 19 04 Month: January Day: 5

Age Y. 13 M. D.

Native of: Md

Occupation: Infant

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living: 7 5

Husband of / Wife

Father's Name: Oscar G. Owens

Mother's Maiden Name: Laura Miller

Cause of Death — Primary: Inflamed Glands

How long sick: 13 days

Immediate: Infection

~~Accident, Suicide, Homicide~~

Reported by: T. H. Ellegood M.D.

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79639

Name in Full: John H Parker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Salisbury; County: Wicomico

Date of death 1904: Month: Jan; Day: 21

Age: Years: 48; Months: 11; Days: 26

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Sallie M. E. Dennis

Father's Name: Sampson S. Parker; Father's Birthplace: Md

Mother's Maiden Name: Hanna R. Parker; Mother's Birthplace: Md

Name of person giving In formation: Dan. Parker; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthesis; How long: Several Years

Immediate: Tubercular Peritonitis; How long: Several Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James R Parsons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Welton | County: Wicomico

Date of death: Month: Jan. | Day: 25 | Years: Age 0 | Months: 8 | Days: 24

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: James M Parsons | Father's Birthplace: Md

Mother's Maiden Name: Mary Tarbutt | Mother's Birthplace: Md

Name of person giving information: Mrs J Parsons | How related to deceased: mo relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe | How long: 1 week

Immediate: Capillary | How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. Geo. H. Smith

Address: Parsonsburg Md

Accident or Suicide?

Wicomico Co.

LIBRARY BUREAU A85516

Name in Full: Norman Parsons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walstons; County: Wicomico

Date of death: Month: Jan; Day: 23; Year: 1904; Age: Years: 4; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James M Parsons; Father's Birthplace: Md

Mother's Maiden Name: Emy Perdue; Mother's Birthplace: Md

Name of person giving information: Wm T Downs; How related to deceased: no relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 1 Weeks

Immediate: Capillary Bronchitis; How long: 1 Weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Geo W Pruitt

Address: Parsonsburg Md

~~Accident or Suicide?~~

LIBRARY BUREAU A30816

Name in Full: Cora Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Shad Point — County: Wicomico

Date of death: Month: Jan. — Day: 19 — 1904 — Age: Years: 35 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Shad Pt Md.

Occupation: Housewife — Where Residing if not at place of death: at home

Married, Single or Widowed: Married — Name of Wife or Husband: Littleton Smith

Father's Name: Geo. W. Kibble — Father's Birthplace: Maryland

Mother's Maiden Name: Dorotha A. Crockett — Mother's Birthplace: "

Name of person giving information: Louis G. Washbourn — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 year or more

Immediate: General Debilitation & Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis Williams M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A46516

Name in Full: Rosa Lee Wilkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hebron; County: Wicomico

Date of death: Month: Jan; Day: 21; 1904

Age: Years: 5; Months: ; Days: 14

Sex: Female

Color or Race: White

Birthplace: Hebron Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: O W Wilkins

Father's Birthplace: Md

Mother's Maiden Name: Delia A Trimt

Mother's Birthplace: Md

Name of person giving Information: O W Wilkins

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Deep cold

How long: only a few days

Immediate: Who do not know unless Heart [illegible] Died Sudden

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Holloway & Co

Address: Salisbury Md Undertakers

Accident or Suicide? no

LIBRARY BUREAU A83816